# The Future of Graduate Medical Education

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# Graduate Medical Education in US

## AOA - ACGME

- Basic Standards
- Structure function of programs
- Number faculty/learner
- Accreditation – Inspection
- Core Competencies
- Work Rules
- H & P – Consults /patient care obligations
- Interns/residents
  Fellows
- Faculty
- Scholarly Activity

# Challenges in GME

- British GME.
- AOA International
- ACGME International.
- Growth of COM and Colleges of Osteopathic Medicine.
- Changes mandated by reduction proposed for GME funding and other challenges.
- COCA graduates entering ACGME Programs.

# Stakeholders
# Federal Government

# Macy Foundation Study on US GME

## Ensuring an Effective Physician Workforce for the United States

Recommendations for Reforming Graduate Medical Education to Meet the Needs of the Public

The Second of Two Conferences—
The Content and Format of GME
Chaired by Debra Weinstein, MD
May 2011 Atlanta, Georgia

Published by Josiah Macy Jr. Foundation
44 East 64th Street, New York, NY 10065

# The Five Major Reforms Called for:

1 Greater accountability through public representation and public reporting. (Finance/Distribution)

2 Greater relevance through broadening sites and content of training and requiring interprofessional education. (Teams)

3 Greater efficiency through adopting a competency based approach, and eliminating non educational experiences and redundancies in training. (Competency based Curriculum)

4 Greater flexibility to individualize training for different career goals (Innovation)

5 Greater research base to improve and evaluate training. (New model for GME)

Josiah Macy Jr. Foundation. Ensuring an Effective Physician Workforce for America, Recommendations for an Accountable Graduate Medical Education System. Proceedings of a Conference Chaired by Michael M.E. Johns, October 2010; Atlanta, Georgia. New York: Josiah Macy Jr. Foundation; April 2011. Available online at: http://josiahmacyfoundation.org/publications/publication/proceedings-ensuring-an-effective-physician-workforce-for-america

# Macy Conference Summary
## US - Graduate Medical Education

- Challenged at many levels in the United States.
- Not adequately preparing physicians for their future practices.
- Not being sufficiently responsive to the needs of society.

Josiah Macy Jr. Foundation. Ensuring an Effective Physician Workforce for America, Recommendations for an Accountable Graduate Medical Education System.

# Broader Reforms Needed

- Changing patient demographics.
- Evolution of health care delivery.
- Need to use health care technologies more effectively.
- Demand for a more efficient, cost-effective health care system.

Josiah Macy Jr. Foundation. Ensuring an Effective Physician Workforce for America, Recommendations for an Accountable Graduate Medical Education System.

WASHINGTON, DC 20510

December 21, 2011

**Harvey Fineberg, MD, PhD**
**President**
**Institute of Medicine**
**500 Fifth Street, NW**
**Washington, DC 20001**

Dear Dr. Fineberg:

We are writing to encourage the Institute of Medicine (IOM) to conduct an independent review of the governance and financing of our system of graduate medical education (GME). The IOM's influential 2001 report *Crossing the Quality Chasm: A New Health System for the 21st Century* recommended a summit to discuss reforming health professions education, which was held in 2002 and attended by 150 important organizations. Earlier, the IOM had convened a public hearing in 1997 to solicit views on GME from various stakeholders, including physician, nursing, hospital and medical college professional associations.

Much has happened since these events. **We believe our GME system is under increasing stress, and the projections for our health care workforce are of significant concern. There is growing concern that the United States is failing to adequately match medical training with our medical needs on a national level.** Changes to GME are being discussed by Congress, the Medicare Payment Advisory Commission, Accreditation Council for Graduate Medical Education, and various foundations, such as the Josiah Jr. Macy Foundation. It is time to redesign health care workforce education and training in a manner that improves access to and delivery of health care services and enables the future generation of health care professionals to actively participate in creating high quality, lower cost health care.

Specifically, **we are interested in an analysis of the governance and financing of GME and potential GME reforms. Some areas deserving of particular attention are: accreditation; reimbursement policy; using GME to better predict and assure adequate workforce supply by type of provider, specialty, and demographic mix; distribution of physicians; the role of GME in the current care of the underserved; the impact of changes in GME on access to health care; and use of GME to assure a future workforce possessing the skill set to effectively address current and future health care needs.** In addition, we are particularly **interested in IOM's observations about the uneven distribution of GME funding across states** based on need and capacity, and how to address this inequity.

We urge the IOM to move forward immediately with additional public and private sponsors to empanel a consensus committee to develop recommendations to meet the challenges facing GME. We would hope 10 have recommendations from the IOM regarding suggested statutory, regulatory and accreditation changes by the third quarter of 2012. Thank you for your attention to this matter.

Sincerely.

Signed by Senators:
Bingaman, Mark Udal, Tom Udal, Kyl, Bennet, Grassley, Crapo

WASHINGTON, DC 20510
June 20, 2012
Dear Dr. Fineberg:

As the Institute of Medicine (IOM) prepares for its study of graduate medical education (GME) and the U.S. health workforce, we write to urge you to examine all of the federal programs that help educate and train our health care workforce.

Last year you heard from some of our Senate colleagues explaining that our GME system is under increasing stress and expressing concern that the policy discussion of GME is not always grounded in facts and data. That is why we welcome the IOM's study – GME is too important to our nation's health system to change without a comprehensive examination.

As the IOM investigates options that better align GME and physician and other health provider supply with the nation's future health care needs, we strongly urge you to review a broad range of health workforce education and training programs, not just those funded through Medicare. Indeed, MedPAC in its June 2010 Report to Congress said, "Federal programs other than Medicare could also contribute to improving the output of the GME system as well as to the development of other important health professionals."

For example, the Health Resources and Services Administration (HRSA) has a number of programs designed to develop the health care workforce and promote access to primary care, including: Children's Graduate Medical Education (CHGME) program, Titles VII Health Professions programs, Title VIII Nursing Education programs, the new Teaching Health Center (THC) Program. In the same vein, we ask that the IOM review the current definition of Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs) and determine if those designations could be more comprehensive or assist in questions of workforce distribution.

Second, we ask that the IOM conduct a comprehensive examination of how GME relates to ultimate physician practice location and physician mal-distribution. We believe that it is important to look beyond the number of training positions in each state to understand and address the factors influencing a physician's practice location. A recent analysis of physician workforce data appears to indicate that, in fact, the distribution of GME positions across the nation may actually have little or no impact on the geographic distribution of physicians. Medicaid reimbursement levels, employment opportunities for spouses and cost of living may be driving a physician's decision about where to practice.

In addition, over the years, we have all supported efforts to increase the number of GME medical residency slots. We hope that the IOM will also examine the statutory cap on these slots.

Finally, we believe it is also critical to examine the impact of Medicaid GME funding reductions in recent years on health care workforce education and training.

Thank you for your consideration of this request.

Sincerely,

Senators - Schumer, Kerry,
Reed, Nelson

# Institute of Medicine

## Reforming the Financing and Governance of GME

- Mismatch between the health needs of the U.S. population.
- Specialty distribution of newly trained physicians.
- Geographic maldistribution of physicians within the country.
- Inadequate diversity among physicians.
- Gaps in physicians' skills for practicing in the new health care delivery context.
- Lack of fiscal transparency in the graduate medical education (GME) system.

N. Engl J Med 371;9 august 28, 2014 Reforming the Financing and Governance of GME Gail R. Wilensky, Ph.D., and Donald M. Berwick, M.D., M.P.P.
http://iom.nationalacademies.org/Reports/2014/Graduate-Medical-Education-That-Meets-the-Nations-Health-Needs.aspx?utm_source=Hootsuite&utm_medium=Dashboard&utm_campaign=SentviaHootsuite#sthash.r5L8EC5t.dpuf

# Set Six Goals for Future Configuration of GME Financing - Governance.

Physician must be better prepared to work in a delivery system that provides better patient care, improves population health, and does so at lower cost – as such recommended:

- Innovations in the structure, location, and design of GME to achieve that desired physician workforce
- Greater transparency and accountability for achieving GME goals;
  - More efficient use of public funds;
  - Greater clarity in the planning and oversight of GME policy;
  - Mitigation of unwanted consequences of migration to a new GME system.

# Other Questions from Stakeholders

- Why maldistribution of physicians?
- Where is the 15 Billion Dollars spent on GME?
- Why two accreditation Systems?

# Physician Shortage

- Aging population.
- Retiring Physicians.
- Other practice model - Hospitalist model.
- 7-12 years to train.
- Shortage both PC and Specialist*
- Shortages pose a real risk to patients.
- FMG – adverse impact on their countries
- DO – Small communities and Primary Care

# AAMC Physician Shortage

- Shortage of doctors by 2025: **46,000-90,000.**
- Shortage of primary care physicians: **12,500-31,100.**
- Shortage of surgeons and specialists: **28,200-63,700.**
- Increase in the U.S. population by 2025: **30.8 million.**
- Increase in the number of Americans over 65: **46%**

# Physician Supply and Demand Through 2025: Key Findings In March 2015

- Demand for physicians continues to grow faster than supply.
- Although, physician supply is projected to increase modestly between 2013 and 2025, demand will grow more steeply.
- Physician demand is projected to grow by up to 17 percent
- Full implementation of the Affordable Care Act accounts for about 2 percent of the projected growth in demand.
- By 2025 - The lower range of estimates would represent more aggressive changes secondary to the rapid growth in non-physician clinicians.

IHS Inc. The Complexities of Physician Supply and Demand: Projections from 2013 to 2025, at the request of the AAMC

# Government Actions to Stem the Concern

- PAs
- ARNPs
- Affordable Care Act
- Accountable Care Organizations
- Clinic Models

No effort will completely alleviate the physician shortage

# GME Financing

- Pre 1940 Hospitals pay for trainees (since internships were based in hospitals, not medical schools) building the cost into patient charges.
- 1945 – 1965 GI Bill and Rising Specialization.
- 1966–1981: Early Medicare and Cost-Based Reimbursement.
- 1982 – Tax Equity and Fiscal Responsibility ACT (TEFRA).
- 1984–1986: Medicare's prospective payment system (PPS)

# Balanced Budget Act 1997

- Limits the total number of residents covered by Medicare payments.
- Caps resident-to-bed ratios.
- Carves out GME funds from reimbursements to Medicare HMOs.
- Balanced Budget Reconciliation Act of 1999 (BBRA99) freezes the IME adjustment at 6.5%. in 2000.

# GME Funding 1990 - 1998

| | IME Payments | DME Payment |
|---|---|---|
| 1990 | 2.91 | 1.76 |
| 1991 | 3.21 | 1.89 |
| 1992 | 3.67 | 2.36 |
| 1993 | 4.09 | 2.55 |
| 1994 | 4.50 | 2.61 |
| 1995 | 5.10 | 2.74 |
| 1996 | 5.55 | 2.86 |
| 1997 | 5.16 | 2.43 |
| 1998 | 4.99 | 2.10 |

**2011** **15 Billion Total Funding**

COGME Fifteenth Report. "Financing Graduate Medical Education in a Changing Health Care Environment." December 2000.

# Two Graduate Medical Education Accrediting Agencies in the US

AOA
American Osteopathic Association

ACGME
The Accreditation Council for Graduate Medical Education

# Osteopathic GME
# 80 Years of GME

Establishes Internships 1936

Establishes Residencies 1937

AOA Oversight of all GME – Specialty Boards and CME

Must be a member to maintain certification

# American Osteopathic Association (AOA)

- Largest professional membership organization for osteopathic physicians (D.O.s), more than 100,000 D.O.s, trainees and osteopathic medical students.

- Serves as primary certifying body for D.O.s via Specialty Colleges (Must be an AOA member).

- Accrediting agency for osteopathic medical schools (COCA); and has federal authority to accredit hospitals and other health care facilities.

- American Association of Colleges of Osteopathic Medicine (AACOM) develops and oversight for osteopathic medical education.

- Represents the 21,000 osteopathic medical students as well as the administration and faculty of the 30 osteopathic medical schools in 42 locations in the United States.

# AOA Statistics
# May 2013

- Number of accredited OPTIs: 20.
- Approved Internship Programs: 126.
- Approved Internship Training Positions: 1,256 Approved.*
- Residency Training Programs: 942 Approved.*
- Residency Training Positions: 10,759*
- Total DOs in AOA Internship & Residency Programs 7,498

# Programs Per Academic Year 2013-2014

- Total Programs 9,527
- Sub-Specialty Programs 5,393
- Specialty Programs 4,134

Next Accreditation System (NAS)
Single Accreditation System
Future of Osteopathic GME
Discussion